



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket Number CBA-009																																										
<p style="text-align: right;">JUN 03 2004</p>	In re Application of Fletcher et al.																																											
	Application Serial No. 10/625,789																																											
	Filed: July 23, 2003																																											
	Group Art Unit: Not yet assigned	Examiner: Not yet assigned																																										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 60%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 25%; text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ 1,480.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</td> <td></td> </tr> <tr> <td colspan="3"> <input checked="" type="checkbox"/> A check for the fee is enclosed.</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> Return receipt postcard enclosed.</td> </tr> <tr> <td colspan="3"> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> </td> </tr> <tr> <td colspan="3" style="text-align: center;">Registration number if acting under 37 CFR 1.34(a). _____.</td> </tr> <tr> <td colspan="2">CORRESPONDENCE ADDRESS</td> <td>SIGNATURE BLOCK</td> </tr> <tr> <td colspan="2"> <p>Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100</p> </td> <td> <p>Respectfully submitted,</p> <p><i>[Signature]</i></p> <p>Robert S. Blasi, Esq. Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110</p> </td> </tr> </table>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	<input checked="" type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ 1,480.00	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	 <input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.			 <input checked="" type="checkbox"/> A check for the fee is enclosed.			<input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.			<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.			<input checked="" type="checkbox"/> Return receipt postcard enclosed.			<p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p>			Registration number if acting under 37 CFR 1.34(a). _____.			CORRESPONDENCE ADDRESS		SIGNATURE BLOCK	<p>Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100</p>		<p>Respectfully submitted,</p> <p><i>[Signature]</i></p> <p>Robert S. Blasi, Esq. Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110</p>
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